

TURFSOIL LIMITED

APPLICATION FORM

Please complete this application form accurately, giving as many details as possible of your skills and experience relating to this job application. Short listing will be based on the information gathered from the form.

Please ensure that the finished form is printed out, signed and dated and returned by the closing date for the position to the appropriate address. We are unable to accept any forms without a signature.

PLEASE PRINT IN BLOCK CAPITALS OR TYPE IN BLACK INK

Application Details

Position Applied for:		Date:	
Surname:		Forenames:	
Address:		Home Tel No:	
		Mobile Tel No:	
Postcode:		Email address: (if applicable)	
National Insurance No:		Passport No:	

General Information

Driving Licence	Yes/No Provisional/Full	Endorsements: Details if yes:	
Date of passing test:		Yes/No	
Notice Period you need to give current employer?		Are there any restrictions regarding your employment?	Yes/No (if yes please supply details on separate sheet e.g. work permit, Worker Registration)
Have you any previous employment with Turfsoil Limited?	Yes/No (if yes please supply details)	How did you hear of this vacancy?	

Skills and Qualifications

Please detail any specialist certificates/qualifications held relevant to this post

Educational Background

Name & Location of School/College/University etc.	From/To	Qualification(s)	Subject(s)

List any special accomplishments, awards etc.

Employment History

Give details of your last four positions (if applicable) starting with the most recent:

Current Employer:

From/To:	Employer Name:	Telephone No:
Job Title:	Address:	
Title of immediate Supervisor/Manager:	Summarise your duties and responsibilities:	
Reason for leaving		Salary/Pay rate: Per annum/week/hour (delete as applicable)

Previous Employment:

From/To:	Employer Name:	Telephone No:
Job Title:	Address:	
Title of immediate Supervisor/Manager:	Summarise your duties and responsibilities:	
Reason for leaving		Salary/Pay rate: Per annum/week/hour (delete as applicable)

From/To:	Employer Name:	Telephone No:
Job Title:	Address:	
Title of immediate Supervisor/Manager:	Summarise your duties and responsibilities:	
Reason for leaving		Salary/Pay rate: Per annum/week/hour (delete as applicable)

From/To:	Employer Name:	Telephone No:
Job Title:	Address:	
Title of immediate Supervisor/Manager:	Summarise your duties and responsibilities:	
Reason for leaving		Salary/Pay rate: Per annum/week/hour (delete as applicable)

Comments (including explanation of any gaps in employment)

Main interests and Hobbies

Disability

Turfsoil Limited believes that every one has a role to play in society and that we want to benefit from the widest range of talent available. Our recruitment policy reflects these beliefs.	
Do you consider yourself to have an impairment?	Yes/No (if yes please supply details)
Are you registered disabled?	Yes/No (if yes please supply registration number)

Criminal Convictions

Do you have any criminal convictions?	Yes/No (if yes see below)
If yes, please detail on a separate sheet this should exclude any spent conviction under Section 4(2) of the Rehabilitation of Offenders Act 1974, unless the job for which you are applying involves working with vulnerable adults or children in which case caution, bindovers, pending prosecutions, spent and unspent convictions must be declared.	
For some positions we require our employees to undergo CRB (Criminal Records Bureau) checks, failure to gain clearance may result in your removal from the contract, and may result in your dismissal from the company.	

References

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. References from friends or relatives are not acceptable.

Name:	Position:
Company Name:	Address:
Telephone No:	Capacity in which they are known:

Name:	Position:
Company Name:	Address:
Telephone No:	Capacity in which they are known:

Any additional information you wish for us to consider.

Declaration

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection process and may be disclosed to all those who need to see it. It will also form the basis of the confidential individual personnel record of the successful candidate. In the case on unsuccessful candidates the Application Form and accompanying forms will be destroyed after 6 months.

I hereby declare that to the best of my knowledge, all the information given by me is correct, and that I possess the qualifications/ experience/skills that I have listed. I confirm that I do not object to the information collected being transferred on to computer for the purpose of anonymous statistical reporting, in accordance with statutory requirements and to assist Turfsoil Limited in equal opportunities monitoring in respect of job applications. I agree that Turfsoil Limited have the right to validate any of the information provided.

I understand that any false statements could result in my dismissal if appointed.
I confirm that I am legally eligible to work in the UK.

Signed: _____

Date: _____

TURFSOIL LIMITED

EQUAL OPPORTUNITIES MONITORING SHEET

Turfsoil Limited operates a policy of equality and fair treatment in employment. We aim to ensure that all job applicants are treated fairly regardless of gender, age, ethnic origin or disability. To help us to achieve this aim the information from this form will help us to monitor the effectiveness of our policy.

Please complete this form and return with your application form. All information provided will be kept private and confidential at all stages. It will be removed from your application and the information you have provided will be used for statistical monitoring purposes.

Data Protection

The information contained on this form will be used initially for recruitment purposes only. If successful the form will be used for statistical information, if unsuccessful the form will be held for 6 months and then destroyed.

Under each heading please tick the category you believe applies to you.

Job Title

1.	Directors and senior managers	
2.	Supervisor/Foreman	
3.	Landscape Operative	
4.	Admin and secretarial and other support staff	

Ethnic Origin

These categories have been taken from the 2001 Census.

1.	British (White)	
2.	Irish (White)	
3.	Other (White)- please specify	
4.	White and Black Caribbean (Mixed)	
5.	White and Black African (Mixed)	
6.	White and Asian (Mixed)	
7.	Other (Mixed) - please specify	
8.	Indian (Asian or Asian British)	
9.	Pakistani (Asian or Asian British)	
10.	Bangladeshi (Asian or Asian British)	
11.	Other (Asian or Asian British) - please specify	
12.	Caribbean (Black or Black British)	
13.	African (Black or Black British)	
14.	Other (Black or Black British) – please specify	
15.	Chinese	
16.	Other (Other Ethnic Group) – please specify	
17.	Do not know	
18.	Prefer not to say	

Gender

1.	Male	
2.	Female	
3.	Transgender	
4.	Prefer not to say	

Sexual Orientation

1.	Bisexual	
2.	Gay	
3.	Heterosexual	
4.	Lesbian	
5.	Prefer not to say	

Religion

1.	No religion	
2.	Christian	
3.	Buddhist	
4.	Muslim	
5.	Hindu	
6.	Jewish	
7.	Sikh	
8.	Other	
9.	Prefer not to say	

Age

1.	Under 25	
2.	25 – 34	
3.	35 – 44	
4.	45 – 54	
5.	55 – 65	
6.	65 +	
7.	Prefer not to say	

Disability**Do you consider yourself to be a Disabled person?**

i.e. do you have a physical or mental impairment which has a substantial long term adverse effect on your ability to carry out day to day activities?

1.	Yes	
2.	No	
3.	Prefer not to say	

If yes please tick all that apply:

1.	Mobility	
2.	Manual dexterity	
3.	Physical co-ordination	
4.	Continence	
5.	Ability to lift, carry or otherwise move everyday objects	
6.	Speech, hearing or eyesight	
7.	Memory or ability to concentrate, learn or understand	
8.	Perception of the risk of physical danger	
9.	Ability to communicate with others	

Do you require any adjustments to be made in order for you to carry out your duties? Please specify.

TURFSOIL LIMITED

NEW EMPLOYEE HEALTH QUESTIONNAIRE

Data Protection

All information disclosed will be treated in the strictest confidence and will be used only for the purposes as detailed in the Data Protection Act 1998.

Certain information is requested prior to you commencing employment with Turfsoil Limited in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations. The information is also required to establish if we need to make any reasonable adjustments to assist you in the performance of the work, in accordance with the requirements of the Disability Discrimination Act 1995.

Name:	Position Applied For:		
Date of Birth:	Are you registered disabled? Yes/No (delete)		
	Registration No:		
Medical History	Yes	No	
Have you ever suffered from any of the following ailments in the past? Please give details where you have stated Yes.			
• Circulatory problems such as varicose veins, phlebitis or thrombosis?			
• Heart problems. Angina, hypertension, heart attack or stroke?			
• Respiratory problems such as asthma, severe bronchitis or chest problems?			
• Diabetes (strict timetable of insulin injections)?			
• Epilepsy or fainting attacks, giddiness fits or blackouts?			
• Skin disorders			
• Recent operations or broken/fractured bones?			
• Back trouble, arthritis or rheumatism?			
• Injuries to bones, joints, tendons (including wrist)?			
• Any eye problems, defects (loss of hearing either permanent or temporary)?			
• Recurring headaches?			
• Bowel or intestinal problems?			
• Problems with sleeping (sleep disorders)?			
• Mental illness?			
• Hay fever?			
• Any allergies (please give full details)?			
Do you have any disability/problems with the following (if yes, please give further details):			
• Standing			
• Walking			
• Climbing stairs or ladders			
• Lifting			
• Using your hands			
• Working at heights			
• Driving (if applicable)			
Do you have any other health or medical related problem you wish to inform us about? If yes, please give further details:			

	Yes	No
<p>Medication</p> <p>Do you take any regular medication? If yes, please give details:</p>		
<p>Absence</p> <p>In the last two years how many days have you been absent from work due to illness or injury? Please give details:</p>		
<p>Are you currently receiving any treatment from your doctor/hospital? If yes, please give details:</p>		
<p>Tetanus</p> <p>Is your Tetanus protection up to date?</p> <p>If it is not, you are advised to contact your doctor to arrange inoculation.</p>		
<p>Workplace Health Surveillance</p>		
<ul style="list-style-type: none"> • Have you ever made a claim for an Industrial Disease or Injury? 		
<ul style="list-style-type: none"> • Have you ever worked in an industry with high noise levels? 		
<ul style="list-style-type: none"> • Have you ever worked or been exposed to the use of hand held vibratory tools? 		
<p>As part of our programme of health surveillance we invite all employees to complete annual health questionnaires.</p>		
<ul style="list-style-type: none"> • I confirm that the above information is accurate and correct to the best of my knowledge 		
<ul style="list-style-type: none"> • I would like to complete the annual health surveillance questionnaires 		

Signed: _____

Date: _____

Please Complete and return in the enclosed envelope marked Private & Confidential